

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023202

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3432

STATE FILE NUMBER

VS 300  
Rev. 4/59

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2 3858  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

C. R. Ferris

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in lb <b>39 YEARS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>ON SIDEWALK IN FRONT OF</b> <b>201 EAST 12TH STREET</b>		d. STREET ADDRESS (If outside, give location) <b>420 WEST DARTMOUTH RD.</b>	
3. NAME OF DECEASED (Type or print) First <b>C</b> Middle <b>PAUL</b> Last <b>LEATHERS</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>27</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/15/92</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWNER &amp; OPERATOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C. PAUL LEATHERS COMPANY</b>	11. BIRTHPLACE (City and state or country) <b>TAYLORVILLE, ILL.</b>
13a. FATHER'S NAME <b>LOUIS PRESTON LEATHERS</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY HOOVER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>		17. INFORMANT <b>LEONA D. LEATHERS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>5 years</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>9:37 A.</b> Month, Day, Year <b>February 1955</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY <b>MISSOURI</b> STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>February 1955</b> to <b>June 27 1962</b> and last saw him alive on <b>March 10, 1962</b> Death occurred at <b>9:37 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>C. R. Ferris</b> (Degree or title) <b>M.D.</b>	
22b. ADDRESS <b>6400 Prospect Ave. Kansas City Missouri</b>		22c. DATE SIGNED <b>6-27-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 29, '62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>		23d. LOCATION (City, town, or county) <b>KANSASCITY MISSOURI</b>	
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6-29-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth H Long</b>			

Dr. Carl Ray 7 emc  
Room - 316 & 6400 Prospect Avenue  
12:00 - 4:30

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert Ray*

Licensed Embalmer No.

4152

P. O. Address

K.C., MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.